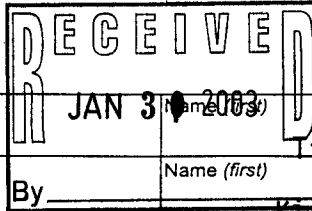




FINANCIAL DISCLOSURE STATEMENT
STATE ETHICS COMMISSION
IC 4-2-6-8
State Form 40876 (R7 / 12-01)

For the calendar year **2002**

Check if this is an
amendment to your
current statement. ☐



Name (last) Berry	Name (first) Timothy	Name (middle) J.
Spouse's Name (last) Berry	Name (first) Kimberly	Name (middle) K
Office address (street) 7629 Prarie View Drive	Address (city) Indianapolis	Address (ZIP code) 46256
Office telephone number (317) 232-6386		

I am filing this statement as a (check one box) ☐ candidate for office ☒ incumbent officeholder ☐ state employee

Office or agency Treasurer of State's office	Job title Treasurer of State
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Each part must be answered. Whenever a particular item does not apply, please write in "none" or "not applicable." See reverse side for complete instructions and definitions. Words in *bold italics* are included in the definitions.

PART 1 - GIFTS (If you have no information to report in this section, put an "X" in this box) ☐

List the name and address of any **person** known to have a **business relationship** with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a **gift** or gifts having a total fair market value in excess of one hundred dollars (\$100).

Name (last) Indianapolis Airport Authority	Address (city) Indianapolis	Address (ZIP code) 46241
Name (last) Indianapolis Motor Speedway	Address (city) Indianapolis	Address (ZIP code) 46224
Name (last) Theatre Owners of Indiana	Address (city) Indianapolis	Address (ZIP code) 46219

PART - 2 REAL PROPERTY INTERESTS (If you have no information to report in this section, put an "X" in this box) ☐

List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more or comprising ten percent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.

Property and its location Personal Residence --7629 Prarie View Drive Indianapolis, IN 46256
Property and its location
Property and its location

PART 3 - NON - STATE EMPLOYERS (If you have no information to report in this section, put an "X" in this box) ☐

List the name of your **employer(s)** and the employer(s) of your spouse and the nature of each employer's business.

Your employer Cystic Fibrosis Foundation	Nature of business Executive Director
Spouse's employer	Nature of business

PART 1 – GIFTS (continued)

List the name and address of any **person** known to have a **business relationship** with an agency, and from whom the state officer or the employee, or that individual's spouse or unemancipated children received a gift or gifts having a total fair market value in excess of one hundred dollars (100).

Name	Address (city)	Address (Zip Code)
Bank One	Indianapolis	46266
Key Bank	Indianapolis	46204
National City Bank	Indianapolis	46255

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (If you have no information to report in this section, put an "X" in this box) ☐

List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.

Name of your business None	Nature of business
Name of spouse's business	Nature of spouse's business
Do any clients for these businesses listed above have a <i>business relationship</i> with your agency (or in the case of a candidate, with the office sought)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.	

PART 5 - PARTNERSHIPS (If you have no information to report in this section, put an "X" in this box) ☐

List any partnership in which you or your spouse is a member and the nature of the partnership business.

Name of partnership None	Nature of partnership
Name of spouse's partnership	Nature of spouse's partnership

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have no information to report in this section, put an "X" in this box) ☐

List the name of any corporation in which you or your spouse is an officer or director and the nature of the corporation's business. Churches need not be listed.

Name of corporation None	Nature of business
Name of spouse's corporation	Nature of spouse's business

PART 7 - STOCKHOLDER OF CORPORATION (If you have no information to report in this section, put an "X" in this box) ☐

List the name of any corporation in which you, your spouse, or your unemancipated children own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.

Name of corporation	yours	spouse's	children's
None			

PART 8 - MOST RECENT EMPLOYER (If you have no information to report in this section, put an "X" in this box) ☐

List the name and address of your most recent former employer.

Name of your most recent former employer Allen County	Address (street, city, ZIP code) 1 East Main Street #100 Fort Wayne, IN 46802
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AFFIRMATION

I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000). I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

Personal signature

Jim Berry

Date signed

1/31/23

Mail or deliver to the following address:

Indiana State Ethics Commission
402 West Washington Street, Room W189
Indianapolis IN 46204-2026
Telephone: (317) 232-3850